



\$6/session  
\$54/10 PASS CARD  
\$210/SESSION

DATE:  
TOTAL:



## LAP SWIM REGISTRATION

NAME:

ADDRESS:

PHONE:

EMAIL:

LAP SWIM TIME: 7:30 AM

DO YOU HAVE ANY SPECIAL REQUESTS OR SUGGESTIONS FOR US FOR CURRENT OR FUTURE PROGRAMS?

**\*NO REFUNDS WILL BE GIVEN FOR LAP SWIM PASSES  
COMPLETE WAIVER AND RELEASE OF LIABILITY REQUIRED TO REGISTER**

SIGNATURE:

DATE:

*PARENT OR GUARDIAN IF UNDER AGE 18*